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# TRANSMITTAL FORM

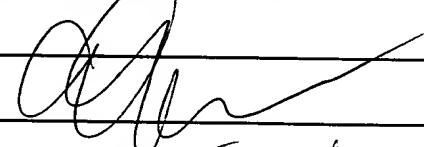
(to be used for all correspondence after initial filing)

		Application Number	09/990,318
		Filing Date	November 23, 2004
		First Named Inventor	William A. Fugleland
		Art Unit	1745
		Examiner Name	Stephen J. Kalafut
Total Number of Pages in This Submission	33	Attorney Docket Number	AV1-059

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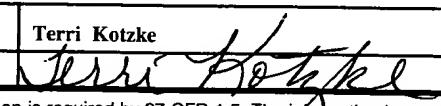
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group	
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence	<input type="checkbox"/> Status Letter	
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<b>Return Postcard Receipt; Check</b>	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application			
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

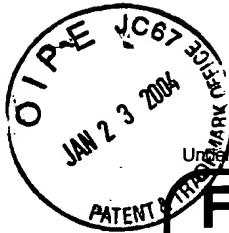
Firm or Individual name	George G. Grigel; Wells St. John P.S.	
Signature		
Date	20 Jan 04	

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the

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Signature		Date

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\\$)</b>	<b>\$282.00</b>
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**Complete if Known**

Application Number	09/990,318
Filing Date	November 23, 2001
First Named Inventor	William A. Fuglevand
Examiner Name	Stephen J. Kalafut
Art Unit	1745
Attorney Docket No.	AV1-059

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TC 1700

**METHOD OF PAYMENT (check all that apply)**

Check  Credit card  Money Order  Other  None  
 Deposit Account:

Deposit Account Number **23-0925**  
 Deposit Account Name **Wells St. John P.S.**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65 Surcharge - late filing fee or oath
1052	50	2052	25 Surcharge - late provisional filing fee or cover sheet
1053	130	1053	130 Non - English specification
1812	2,520	1812	2,520 For filing a request for <i>ex parte</i> reexamination
1804	920*	1804	920* Requesting publication of SIR prior to Examiner action
1805	1,840*	1805	1,840* Requesting publication of SIR after Examiner action
1251	110	2251	55 Extension for reply within first month
1252	420	2252	210 Extension for reply within second month
1253	950	2253	475 Extension for reply within third month
1254	1,480	2254	740 Extension for reply within fourth month
1255	2,010	2255	1,005 Extension for reply within fifth month
1401	330	2401	165 Notice of Appeal
1402	330	2402	165 Filing a brief in support of an appeal
1403	290	2403	145 Request for oral hearing
1451	1,510	1451	1,510 Petition to institute a public use proceeding
1452	110	2452	55 Petition to revive - unavoidable
1453	1,330	2453	665 Petition to revive - unintentional
1501	1,330	2501	665 Utility issue fee (or reissue)
1502	480	2502	240 Design issue fee
1503	640	2503	320 Plant issue fee
Total Claims	74	Fee from below	Fee Paid
Independent Claims	18	0	0.00
Multiple Dependent	16	2	172.00
<b>Large Entity</b>	<b>Small Entity</b>	<b>Fee Description</b>	
Fee Code	Fee (\$)	Fee Description	
1202	18	2202 9 Claims in excess of 20	
1201	86	2201 43 Independent claims in excess of 3	
1203	290	2203 145 Multiple dependent claim, if not paid	
1204	86	2204 43 ** Reissue independent claims over original patent	
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b>	<b>(\\$)</b>	<b>\$172.00</b>	

\*or number previously paid, if greater; For Reissues, see above

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)****(\\$)** **\$110.00****SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	George G. Grigel	Registration No. (Attorney/Agent)	31,166	Telephone	(509) 624-4276
Signature	20 JAN 04				
Date					

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